FURLOUGH CONTRACT

NAME OF YOUTH:		CLIENT ID #	
FACILITY: □ BCCY □ J	ICY □ SCY	□ WARE	
DATE:			
	nager of the Offic	ce of Juvenile Jus	and initialed by the youth going stice. The initialed copy of this prior to the furlough date.
The conditions of the furlou Court) have been explained to		Deputy Secretar	ry of Youth Services and the
_	Youth		Case Manager
I understand the conditions of	f the furlough.		
_	Youth		Case Manager
I will follow the conditions of	the furlough.		
_	Youth		Case Manager
I further understand that a furlough.	pproval for fut	ure furloughs d	lepend on the success of this
_	Youth		Case Manager
I understand that if I have co to me at			nct my regional office assigned
_	Youth		Case Manager
Attachment: Conditions of Fu	ırlough [C.4.1. (:	f.1)]	